ASHA – An Overview

National Rural Health Mission (NRHM)

National Rural Health Mission (NRHM) is a government organisation which works for uplifting the health sector in urban areas as well as in rural areas. Inspite of many changes and development in the various sectors, health is one sector which has always been a major concern of the society. To improve the health conditions, NRHM has laid certain strategies which are[1]:

- Increasing Community ownership by vesting responsibility with PRI's.
- Decentralized village and district level health Planning and management.
- Appointment of Accredited Social Health Activist (ASHA) to facilitate access to health services.
- Strengthening the public health delivery infrastructure, particularly at village, primary and secondary levels.
- Mainstreaming of AYUSH etc.

Need for ASHA Intervention

Increase in the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), shortage of doctors and nurses at village level, Inability of Auxiliary Nurse Midwives (ANM) to provide health services at the door steps etc. are some of the major reasons for the establishment of ASHA. These health activist can provide and mobilise the community especially women and weaker sections of the society and to improve the present health services in the community.

Accredited Social Health Activists (ASHA) Sahyogini

ASHA

In the year 2005, The Government of India launched National Rural Health Mission (NRHM) to improve the conditions of public health of rural areas. ASHA is one of the core strategy proposed by NRHM.

ASHA refers to the women health workers of village level who works to improve the condition of health at grass root level of mothers, infants, old aged, sick and disabled people. The success of NRHM lies, according to ASHAs functioning. Each ASHA is set up over 1000 population. ASHA acts as a link between a community and the health provider. Earlier ASHA was established in almost 18 states of India as the government has focused on these states to improve the health conditions and infrastructure (Figure1) but now, National Rural Health Mission has fulfilled it's promise of one ASHA in every village of the high focus

[1] Retrieved 04,May,2015 from, http://nrhmrajasthan.nic.in/Programmes.htm#ai

states. With 9, 04,195[2] (Figure2) ASHAs in the programme, there is one for every 1000 population in almost every part of the country.

ASHA Sahyogini

ASHA is recognised as ASHA Sahyogini in Rajasthan. Sahyogini is a worker who works in the Aganwadi center with an Aganwadi worker to provide its service door to door related to health and education. Sahyogini work is somewhat similar to ASHA so to avoid duplication of work it was decided at the state level that there will be only one worker with Aganwadi worker and later a new name was derived that came to be known as ASHA Sahyogini. And they are appointed by the community through Gram Panchayat.

In Rajasthan there are 44,000 ASHA Sahyogini working in the state in order to aware and to provide counselling to rural people on related health issues. ASHA Sahyogini are workers whom are provided with 23 days induction training in order to cater better health facilities and further they are provided with compensation and performance based incentives according to the work performed by them. Recently, Government has recently launched ASHA Soft software through which online payments are being paid to activist.

Eligibility for ASHA Sahyogini

- ASHA Sahyogini should be literate at least till eighth grade.
- She should be resident of that area, Married/Widow/Divorcee.
- Age should be between 21-45 years.
- She should have adequate communication and leadership skills.

Work load: ASHA (1000 Population.) Beneficiary category:[3] Expected number in an Year

S.No.	Beneficiaries	No. of Beneficiaries (Per ASHA)
1	Pregnant	30-31 , out of which 4-5 may have complications and 50 % shall have anaemia
2	New Born	27-28 Children
3	Children in 0 - 1 Year	30 (3 % of the population)
4	Children 1-5 years	130, (13 % of Population)
5	Eligible couples	16-17% (15-45 years)
6	Eligible for Vasectomy/ Tubectomy	5-7% of Eligible couples
7	Eligible for spacing Methods	11-12% of Eligible couples

[2] Retrieved 29 ,April,2015 from http://nrhm.gov.in/communitisation/asha/asha-data.html

[3] Retrieved 29 ,April,2015 from http://www.sihfwrajasthan.com/ppts/full/ASHA.pdf

Evaluation – A Conceptual Framework

Evaluation can be defined as a process of assessing the information for providing the suitable feedback about some object. Here 'object' is refer to a program, policy, technology, individual, need, activity, and so forth. Evaluation main purpose is to evaluate the quality of program which further helps in decision making furthermore helps in emerging future needs. Evaluation alludes to an intermittent methodology of social event information and after that examining or requesting it in such a route, to the point that the subsequent data can be utilized to figure out if your association or project is successfully completing arranged exercises, and the degree to which it is accomplishing its expressed goals and expected results.[4]

While evaluating we need to have certain questions in mind such as:[5]

- What would it be advisable for us to assess?
- For what reason do we assess,
- Who ought to assess?
- At what level one ought to assess,
- Upon what criteria do we assess?

Importance of Evaluation[6]

- Helping to ensure that objectives are met.
- Identifying successes.
- Identifying problems and weakness so they can be rectified.
- Providing information to aid further development.
- Providing evidence of the benefits and impacts of technology.
- Identifying staff training and development needs.
- Guiding future plans.
- Providing information for stakeholders.
- Developing guidelines which may be useful.

---

[4] Retrieved 05, May,2015 from https://www.guidestar.org/rxa/news/articles/2005/importance-of-evaluation.aspx

[5] Retrieved 05, May,2015 from http://shodhganga.inflibnet.ac.in/bitstream/10603/3731/12/12_chapter%203.pdf

[6] Retrieved May,05,2015 from http://www.evalued.bcu.ac.uk/tutorial/importance.htm

Evaluation of Accredited Social Health Activist (ASHA) Sahyogini

ASHA is very crucial and is one of the core strategies of National rural Health Mission. Therefore, evaluation of Accredited Social Health Activist is an imperative need in order to measure the various parameters and to provide useful feedback and recommendations in order to improve the further functioning of ASHA.

Evaluation of ASHA Sahyogini will be done on broad parameters such as socio-demographic profile and working profile, performance, the impact of training, the impact of technology, satisfaction level and impact on beneficiaries.

Review of Literature

Literature reviews are the scholarly or published articles, papers or reports in which certain knowledge related to topic is available. It also includes information related to objectives, findings and tools of methodology used in the study.

Some sources from which review of literature can be obtained:-

- Published Journals
- Books
- Internet

Purpose for Review of Literature

- To fill the gaps in the literature.
- To find out the information and ideas that are relevant to our project
- To identify, appraise and select the high quality evidences and arguments related to our project.
- To increase the depth knowledge in the particular field.
- To put our work in right direction

.

Note –APA Style has been used for reference of review of literature.

Review of Literature

Waskel, B., Dixit, S., Singodia, R., Pal, D., Toppo, M., Tiwari, S., & Saroshe, S. (2014). Evaluation of ASHA programme in selected block of Raisen district of Madhya Pradesh under the National Rural Health Mission. ***Journal of Evolution of Medical and Dental Sciences,*** ***3*****(3), 689-694. Retrieved November 15, 2014, from http://www.jemds.com/latest-articles.php?at_id=3005**

Authors aimed at identifying different roles and responsibilities performed by ASHA workers and also the level knowledge acquainted by them during their training period. It also studied their socio-demographic profile. They concluded that due to lack of education and training, ASHA were not able perform their job responsibilities which lead to poor health facilities. Authors also recommended to improve the incentive schemes so that ASHA feel motivated to perform their responsibilities in an effective manner.

Guleri, S., Dixit, S., Sakalle, S., Bhagwat, A., Yesikar, V., & Pandey, D. (2014). A Rapid Appraisal of training issues of ASHAs (Accredited Social Health Activist) in Madhya Pradesh. ***Public Health Review: International Journal of Public Health Research, 1*****(1), 3-8. Retrieved November 16, 2014, from http://www.publichealthreview.in/~AuthorUpload/3PA.pdf**

Authors aimed at appraising the performance and functioning of ASHA workers by studying the impact of training and how the skill based training helps in capacity building of health workers. They concluded that training system of Indore was more effective as compared to Dewas but there were lack of facilities of conducting training programs.

Karol, G., & Pattanaik, B. (2014). Community Health Workers and Reproductive and Child Health Care: An Evaluative Study on Knowledge and Motivation of ASHA (Accredited Social Health Activist) Workers in Rajasthan, India. ***International Journal of Humanities and Social Science, 4*****(9), 137-150. Retrieved November 16, 2014, from http://www.ijhssnet.com/journals/Vol_4_No_9_July_2014/15.pdf**

Authors aimed at appraising the knowledge level and motivational capabilities of ASHA workers in Maternal and Child Health Care and to evaluate the social status of ASHA workers. They also concluded that the knowledge level of ASHA workers prove to be very low. They require effective training system and grievance handling system to develop motivational and leadership skills within them.

Sharma, A. (2013, June 19). ASHA workers in Rajasthan go hi-tech. ***THE HINDU*****. Retrieved October 27, 2014, from http://www.thehindu.com/news/natinal/other-states/asha-workers-in-rajasthan-go-hitech/article4827252.ece**

To improve the performance and to reduce the burden of bags full of registers ASHA health workers of Jasol village of Barmer District in Rajasthan were given tablet PC under the project 'E-ASHA' of UNICEF and state health development. Jasol village were the first ones to go hi-tech which lead to positive response in terms of community and ASHA workers. E-ASHA project enhanced the performance of ASHA health workers which even help them in building their confidence. Training was given to workers to get familiar with tablet and its applications which proved to be fruitful. E-ASHA project even build the gap between the ASHA workers and community.

Garg, P., Bhardwaj, A., Singh, A., & Ahluwalia, S. (2013). An evaluation of ASHA workers awareness and practices of their responsibilities in rural Haryana. ***National Journal of Community Medicine, 4*****(1), 76-80. Retrieved October 29, 2014, from http://njcmindia.org/uploads/4-1_76-80.pdf**

Government of India is indulged in providing health services in rural area under NRHM and ASHA is bridging the gap between the community and public health. The study was conducted with the aim to evaluate the socio-demographic profile of ASHA workers and to evaluate the knowledge and practices of their roles and responsibilities. Authors concluded that ASHA provide varied services and played an effective role in providing health services but ASHA workers lacked in practicising their knowledge which affected the performance of ASHA and indirectly it affected NHRM goals**.**

Prasot, R., Singh, J., Srivastava, A., & Agarwal, M. (2013). To study the performance of ASHAs in MCH Care under NRHM in Rural Lucknow. ***Journal Of Advance Researches In Biological Sciences (A Peer Reviewed Indexed Medical Journal), 6*****(1), 34-38. Retrieved October 29, 2014, from http://www.scopemed.org/?mno=160266**

The success of NRHM depends upon the performance of ASHA. The study presents the evaluation of performance of ASHA considering various parameters (1.very good, 2.good, 3.average, 4.poor) and further it studied the problems which affected performance of workers. It was concluded that only two- third of ASHA were graded with good performance while others remained in the category of average-poor. Various suggestions were also given.

Mohapatra, A., & Mohapatra, S. (2013). Intraorganizational human resource auditing of Ashas in Harahua block of Varanasi. ***Journal of Public Health and Epidemiology, 5*****(5), 237-242. doi: 10.5897/JPHE2013.0507 Retrieved November 15, 2014, from http://www.academicjournals.org/article/article1379688779_Mohapatra and Mohapatra.pdf**

The author attempts to study intraorganizational human resource auditing of ASHAs to evaluate skill inventory by identifying and assessing ASHA workers aptitude, culture and also its relation with community through ANMs .It trained ANMs to use Fish Bowl Technique for assessing various attributes.. It also evaluated socio-demographic profile of ASHA with overall job competencies. It was concluded that ASHA workers lacked in self-initiative& leadership skills, poor incentive schemes& training modules. It recommended that human resource auditing is necessary for understanding skill inventory and to improve the

performance more modified techniques are needed to taken in recruitment and training process.

K. J., S., Angadi, M., Masali, K., Wajantri, P., Bhat, S., & Jose, A. (2013). A study to evaluate working profile of Accredited Social Health Activist (ASHA) and to assess their knowledge about infant health care. ***International Journal of Current Research and Review,*** ***5*****(12), 97-103. Retrieved November 16, 2014, from http://www.scopemed.org/fulltextpdf.php?mno=40810**

The purpose of study was to evaluate the working profile of ASHA and the knowledge about infant health care. It laid the emphasis on NRHM role in providing various health facilities in rural areas through its core strategy ASHA. It was concluded that there is urgent need to educate the ASHA workers on family planning and to improve incentive schemes to motivate workers. It also recommended to develop the training programme and suggested that refresher training should be included to empower the knowledge.

Kumar, S., Kaushik, A., & Kansal, S. (2012). Factors influencing the work performance of ASHA under NRHM - A cross sectional study from eastern Uttar Pradesh. ***Indian Journal of Community Health, 24*****(4), 325-331. Retrieved October 19, 2014, from http://www.iapsmupuk.org/journal/index.php/IJCH/article/view/373**

ASHA, one of the core strategies of NRHM put tremendous effort in order to improve health services at the grass root level. This study emphasis on the factors which influence the work performance of ASHA such as-Training and Development, Capacity building, Compensation or Incentives scheme, Effective relationship with other health functionaries. Authors concluded that proper knowledge related to the work, responsibilities etc., timely and properly incentive should be given, positive attitude, capacity building will enhance the performance of ASHA.

Wang, Hong, Juyal, Rajni K., Miner, Sara A., and Fischer, Elizabeth (2012). ***Performance-Based Payment System for ASHAs in India: What Does International Experience Tell Us?*** **Bethesda, MD: The Vistaar Project, IntraHealth International Inc., Abt Associates Inc. Retrieved October19,2014,from http://www.intrahealth.org/files/media/performance-based-payment-system-for-ashas-in-india-what-does-international-experience-tell-us-technical-report/PerformanceBasedPaymentSystemASHAsIndiaReport.pdf**

The author aimed at improving performance of ASHA through modifying the performance based payment (PBP) system. It also identified various challenges faced while implementing the PBP system to improve performance. It was concluded with various defaults in PBP system which affected the performance of ASHA Workers and recommended to improve it.

Bhatt, H. Management of development of projects, EPFL, (2012). A rapid appraisal of functioning of ASHA under NRHM in Uttarakhand, India. Retrieved October 19, 2014, from http://cooperation.epfl.ch/files/content/sites/cooperation/files/MaDePro%202013/MaDePro%202011-2012_Individual%20Project_Bhatt,%20Hema.pdf

The author emphasised on the functioning of ASHA, the factors which affect the performance of ASHA workers and the problems acquainted by them. To know satisfaction level of ASHA workers. It was concluded that-More sub-centres of ASHA should be setup, Compensation provided to be increased and government should ensure that workers should receive timely payment, in training, capacity building and Refresher training should be done at regular intervals, Various facilities like medicine kits, infrastructure and logistics facilities, transport facility should be provided to each ASHA. Mobile phones should be provided to reduce the communication barrier of ASHA with its community.

Shrivastava, S., & Shrivastava, P. (2012). Evaluation of trained Accredited Social Health Activist (ASHA) workers regarding their knowledge, attitude and practices about child health. ***The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*****. Retrieved November 15, 2014, from http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=2099**

The study aimed to evaluate the knowledge, attitudes and practices of ASHA workers in relation to child health. It evaluated the performance of ASHA workers after getting module 2 training. The study also concluded that ASHA workers lacked in education even after getting training and it was recommended that meetings and refresher training should be introduced at regular periodical levels to provide proper knowledge about their responsibilities.

Thakre, S., Thakre, S., Thakre, A., Golawar, S., More, S., & Humne, A. (2012). Effectiveness of the Training Course of ASHA on Infant Feeding Practices at a Rural Teaching Hospital: A Cross Sectional Study. ***Journal of Clinical and Diagnostic Research,*** ***6*****(6), 1038-1040. Retrieved November 16, 2014, from http://www.jcdr.in/articles/PDF/2284/29%20%204436_E(C)_F(T)_PF1(V)_PF(A)_PF(R)_OLF(P)_U(p).pdf**

The study evaluated the gaps in knowledge level of ASHA workers. It also evaluated the Effectiveness of training course of ASHA on infant feeding practices. The study concluded that training enhances the knowledge and performance level of ASHA workers.

Gopalan, S., Mohanty, S., & Das, A. (2012). Assessing community health workers' performance motivation: A mixed-methods approach on India's Accredited Social Health Activists (ASHA) programme. ***BMJ Open, 2*****(5). Retrieved November 16, 2014, from http://bmjopen.bmj.com/content/2/5/e001557.full**

Authors aimed at studying the performance motivation of community health workers and its impact on ASHA programme. It was concluded that Community Health Workers require effective tools to increase their knowledge, skill and supervision.

Obisi, C. (2011). Employee performance appraisal and its implication for Individual and organisation growth. ***Australian Journal of Business and Management Research,***

1(9), 92-97. Retrieved November 15, 2014, from http://www.ajbmr.com/articlepdf/AJBMR_16_10i1n9a10.pdf

The author aimed at studying the impact of performance appraisal on the employees and organisation. Performance appraisal helps in identifying training needs which lead to improvement in the performance of employees and communication skills. To improve the performance of the subordinate it is necessary that supervisor should communicate his subordinates strength and weaknesses so that he could also judge his performance. Performance appraisal helped the organisations in making decisions regarding promotions, performance based payments etc. The author highlighted the factors affecting, process and methods of performance appraisal and concluded that it is necessary to have periodical appraisal of performance for effective growth of organisation.

Bajpai, N., & Dholakia H.,R., (2011, May). Improving performance of Accredited Social Health Activist in India. ***Working Paper 1, Working Paper Series, Columbia Global centres/South Asia, Columbia University.*** **Retrieved October 19, 2014, from http://globalcenters.columbia.edu/files/cgc/pictures/Improving_the_Performance_of_ASHAs_in_India_CGCSA_Working_Paper_1.pdf**

The study was based on identifying and recommending the various suggestions in order to improve the performance of ASHA. It focussed on the training and recruitment methods of ASHA. Authors aim for study was also to judge the satisfaction level of workers from incentive schemes and their impact on performance. This study concluded that training should be standardised at all levels of ASHA for effective performance. Refresher training should be repeated at regular intervals. Incentive schemes need to be designed as from the present schemes workers are less satisfied. Proper guidance from supervisors are required at different intervals of time.

Bhatnagar, R., Singh, K., Bir, T., Datta, U., Raj, S., & Nandan, D. (2009). An assessment of performance based incentive system for ASHA Sahyogini in Udaipur, Rajasthan. ***Indian Journal of Public Health, 53*****(3), 166-170. Retrieved October 19, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/20108882**

The study focussed on assessing the performance of ASHA based on the incentive scheme in Udaipur district of Rajasthan. It also evaluated the performance by analysing the monthly meetings attended by the ASHA workers and their coordination with local community. This study was cross sectional of three blocks (one each from rural, urban, and tribal area) of Udaipur District. The study revealed that compensation provided to ASHA was very less (Rs.250 in 6 months) which lead to dissatisfaction among the workers especially in tribal areas. Although the findings concluded that there was good coordination between ASHA and local community, ASHAs attended their regular meetings but study suggested ASHAs needed more cooperation and support from the staff such as Auxiliary Mid Nurse (AMN),Aganwadi Workers (AWW), Hospitals staff etc.

Srivastava, D., Prakash, S., Adhish, V., Nair, K., Gupta, S., & Nandan, D. (2009). A study of interface of ASHA with the community and the service providers in Eastern

Uttar Pradesh. ***Indian Journal of Public Health, 53*****(3), 133-6. Retrieved October 19, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/20108875**

The study focussed on evaluating the different parameters which affected the performance of ASHA workers. It also aims at studying coordination of ASHA with different stakeholders. Parameters were:-Training and selection procedure of ASHA, knowledge and communication skills, motivational factors. ASHA were not able to function properly because of lack of training periodically, lack of motivation, unhealthy relations with ANM & AWW, lack of medical kit and transportation facility. The study concluded by recommending various suggestions to improve the performance of ASHA in the study.

Jain, N., Srivastva, N., Khan, A., Dhar, N., Adhish, V., Menon, S., & Nandan, D. (2008). Assessment of functioning of ASHAs under NRHM in Uttar Pradesh. ***Health and Population: Perspectives and Issues, 31*****(2), 132-140. Retrieved November 15, 2014, from http://medind.nic.in/hab/t08/i2/habt08i2p132.pdf**

The study aimed at evaluating the guidelines of ASHA regarding recruitment training. It highlighted the payment system of ASHA and its impact. It also identified gap between ASHA workers and community people. It was concluded that payment systems need to be rejuvenate, especially time period need to be paid more attention by the government,communication skills and other skills need to be developed to bridge the gap between ASHA and community people and effective training should be planned at regular intervals.

Haider, S., Adhish, S., Gupta, S., Dhar, N., Datta, U., Menon, S., & Nandan, D. (2008). A Rapid Appraisal of Sahiya (ASHA) in Jharkhand. ***Health and Population: Perspectives and Issues, 31*****(2), 80-84. Retrieved November 16, 2014, from http://medind.nic.in/hab/t08/i2/habt08i2p80.pdf**

The study aimed at evaluating the functioning of Sahiya in Jharkhand and to study the relationship of Sahiya with community and other health functionaries. The study concluded with recommendations such as to develop proper incentive schemes and to link the Sahiya with other health schemes.

Identification of Research Gap

S. No.	Year	Authors	Research-h area	Research title	Methodology	Conclusion	Observation
1	2014	Waskel, B., Dixit, S., Singodia, R., Pal, D., Toppo, M., Tiwari, S., & Saroshe, S.	- Sanchi & Obed-ullaganj Block, Raisen district	Evaluation of ASHA programme in selected block of Raisen district of Madhya Pradesh under the National Rural Health Mission	Cross-sectional study. Sample size - 206 ASHA workers. Data collection-Pre-designed semi –structured questionnaire was used to conduct inter-personal interview. Analysis-Knowledge level was judged on grading basis.	Due to lack of education and training, ASHA were not able perform their job responsibilities which lead to poor health facilities. Authors also recommended to improve the incentive schemes so that ASHA feel motivated to perform their responsibilities in an effective manner	Authors lacked in providing suitable recommendations for improving knowledge level, training programmes, incentive s schemes etc.
2	2014	Guleri, S., Dixit, S., Sakalle, S., Bhagwat, A., Yesikar, V., & Pandey, D.	Indore and Dewas districts of Madhya Pradesh.	A Rapid Appraisa-l of training issues of ASHAs (Accredited Social Health Activist) in Madhya Pradesh	Cross-sectional study. Sample size - 270 ASHAs from Indore and 310 ASHAs from Dewas. Sequential Random Sampling. Facility survey and observation method was used. Mann Whitney	Authors concluded that training system of Indore was more effective as compared to Dewas but there were lack of facilities of conducting training programs.	In this study more parameters could have been involved to evaluate the functioning of ASHA workers.

					U Test was applied.		
3	2014	Karol, G., & Pattanaik, B.	Tonk and Jaipur districts of Rajasthan.	Community Health Workers and Reproductive and Child Health Care: An Evaluative Study on Knowledge and Motivation of ASHA (Accredited Social Health Activist) Workers in Rajasthan, India.	Sample size - 100 ASHAs workers from Tonk and 100 ASHAs workers from Jaipur. Data Collection – Standardised Knowledge Test.	The study concluded that the knowledge level of ASHA workers prove to be very low. They require effective training system and grievance handling system to develop motivational and leadership skills within them.	The study lacked in highlighting the various other factors which can motivate the ASHA workers which will further lead to increase in performance level of ASHA workers.The sample size was small.
4	2013	Sharma, A.	Barmer, Rajasthan	ASHA Workers in Rajasthan go hi-tec h	Data collected through interview	E-ASHA project enhanced the performance of ASHA health workers which even help them in building their confidence. Training was given to workers to get familiar with tablet and its applications which proved to be fruitful. E-ASHA project even build the gap between the ASHA workers and community.	In this study, comparative study could have been done for evaluating performance of ASHA workers of 2 zones in which one using high technology while others using

							same traditional methods for performing their job.
5	2013	Garg, P., Bhardwaj, A., Singh, A., & Ahluwalia, S.	Rural Haryana	An evaluation of ASHA workers awareness and practices of their responsibilities in rural Haryana	105 workers were included, an interview was conducted & SPSS was used to analyse data	The study concluded that ASHA provide varied services and played an effective role in providing health services but ASHA workers lacked in practicising their knowledge which affected the performance of ASHA and indirectly it affected NHRM goals**.**	In this study various suggestions were required to be given for improving the practice of knowledge of ASHA workers.
6	2013	Prasot, R., Singh, J., Srivastava, A., & Agarwal, M.	Rural Lucknow	To study the performance of ASHA in much care under NRHM in rural Lucknow	Cross-sectional study and descriptive study, Multi-stage Random Sampling was used	Only two- third of ASHA were graded with good performance while others remained in the category of average-poor. .	The impact on health of community people before and after the establishment of ASHA could have been involved in the study.
7	2013	Mohapatra, A., & Mohapatra, S.	Harahua community development block of Varanas	Intraorganizational human resource auditing of ASHAs in	Sample size - 209 ASHAs & 42 ANMs. Data analysis- Ms Excel 2007 and SPSS v16.0 technique was	The study concluded that ASHA workers lacked in self-initiative& leadership skills, poor incentive schemes&	The human resource auditing measured various parameters but was

			i	Harahua block of Varanasi	used	training modules. It recommended that human resource auditing is necessary for understanding skill inventory and to improve the performance more modified techniques are needed to taken in recruitment and training process.	not able to laid emphasis on quality of work life of ASHA.
8	2013	K. J., S., Angadi, M., Masali, K., Wajantri, P., Bhat, S., & Jose, A.	Bijapur taluk	A study to evaluate working profile of Accredited Social Health Activist(ASHA) and to assess their knowledge about infant health care	Sample size- 5 Primary Health Centres were randomly selected out of which 132 ASHA workers were contacted. Data collection –Interviews were conducted.	The study concluded that there is urgent need to educate the ASHA workers on family planning and to improve incentive schemes to motivate workers. It recommended to develop the training programme and suggested that refresher training should be included to empower the knowledge.	The study lacked in providing various parameters through which performance of ASHA is affected.
9	2012	Kumar, S., Kaushik, A., & Kansal, S.	Chiraigaon Community Development block of Varanasi.	Factors influencing the work performance of ASHA under NRHM -	Cross sectional study was conducted Field survey study was conducted. Sample Size - 137 respondents.	The study concluded that proper knowledge related to the work, responsibilities etc., timely and properly	Detailed study on parameters which affect the performance were needed.

				A cross sectional study from eastern Uttar Pradesh	Data Collection: - Pre-tested semi structured interview was conducted with verbal consent. Analysis of data was done through Chi square test.	incentive should be given, positive attitude, capacity building will enhance the performance of ASHA.	
10	2012	Wang, Hong, Juyal, Rajni K., Miner, Sara A., and Fischer, Elizabeth	India	Performance-Based Payment System for ASHAs in India: What Does International Experience Tell Us?	Literature review was conducted to collect the data.	Project report concluded with various defaults in PBP system which affected the performance of ASHA Workers and recommended to improve it.	The study emphasis that payment system plays major role in affecting performance but there are other major factors also which must be included in order to evaluate performance.
11	2012	Bhatt, H. Management of development of projects, EPFL.	Bageshwar and Nainital districts of Uttarakhand.	A rapid appraisal of functioning of ASHA under NRHM in Uttarakhand, India.	The study was cross-sectional and descriptive in nature. Data collection –In-depth interviews. Respondents- ASHAs, PRIs (Panchayati Raj Institutions), ANMs (Auxiliary	More sub-centres of ASHA should be setup. Compensation provided to be increased and government should ensure that workers should receive timely payment. In training, capacity	As the study was cross-sectional it should have shown difference in performance of ASHA of two districts

					Nurse Midwife), AWWs (Anganwadi workers).	building and Refresher training should be done at regular intervals. Various facilities like medicine kits, infrastructure and logistics facilities, and transport facility should be provided to each ASHA. Mobile phones should be provided to reduce the communication barrier of ASHA with its community.	and their individual impact on society.
12	2012	Shrivastava, S., & Shrivastava, P.	Palghar Taluka in the Thane district of Mumbai.	Evaluation of trained Accredited Social Health Activist (ASHA) workers regarding their knowledge, attitude and practices about child health	Research was Cross-sectional in nature. Sample size- 150 ASHA workers. Pre-designed semi – structured questionnaire was prepared for personal interview.	ASHA workers lacked in education even after getting training and it was recommended that meetings and refresher training should be introduced at regular periodical levels to provide proper knowledge about their responsibilities.	Sample size should be more. To evaluate performance more parameters could have been involved.
13	2012	Thakre, S., Thakre, S., Thakre, A., Golawa	Saoner, district Nagpur.	Effectiveness of the Training Course of ASHA on Infant	Research was Cross-sectional in nature. Sample size - 94 ASHA	The study concluded that training enhances the knowledge and performance level of ASHA	It is not only the training factors which affect the knowledge

		r, S., More, S., & Humne, A.		Feeding Practices at a Rural Teaching Hospital: A Cross Sectional Study	workers and 5 supervisors. Data Collection – A pre-designed, pretested and structured questionnaire and schedule was used. Analysis – SPSS, version 10 and Mc Nemar's test was applied.	workers.	and performance level of ASHA workers .There are other factors such as incentive schemes etc also affect the performance level. Sample size should be more.
14	2012	Gopalan, S., Mohanty, S., & Das, A.	Orissa.	Assessing community health workers' performance motivation: A mixed-methods approach on India's Accredited Social Health Activists (ASHA) programme.	Research was Cross - sectional in nature. Sample size - 386 Community Health workers. Data Collection – Through survey and focus group discussions. Sampling – Multi-stage stratified sampling.	It was concluded that Community Health Workers require effective tools to increase their knowledge, skill and supervision	The study was narrow in scope. It should have included the factors which help the Community Health Workers in motivating and increasing their performance level.
15	2011	Obisi, C.	----------	Employee performance		This study concluded that training should be standardised at all levels of	The author should have concluded that which

				appraisal and its implication for Individual and organisation growth	---------- ---	ASHA for effective performance. Refresher training should be repeated at regular intervals. Incentive schemes need to be designed as from the present schemes workers are less satisfied. Proper guidance from supervisors are required at different intervals of time.	is the best method to use and what will be its impact on the society.
16	2011	Bajpai, N., & Dholakia H.,R.,	Jahanabad District of Bihar, Mahasamund District of Chhattisgarh, Dungarpur District of Rajasthan and Unnao District of U.P	Improving performance of Accredited Social Health Activist in India.	Field study was conducted. Questionnaire was prepared to collect data. Sample Size - 502 .	The study revealed that compensation provided to ASHA was very less (Rs.250 in 6 months) which lead to dissatisfaction among the workers especially in tribal areas. Suggested ASHAs needed more cooperation and support from the staff such as Auxiliary Mid Nurse (AMN),Aganwadi Workers (AWW), Hospitals staff etc.	This study could have focused on lifestyle changes of workers after training, performance can be evaluated from their interaction with community.
17	2009	Bhatnagar R , Singh k	Udaipur , Rajasth	An assessment of	Cross Sectional study.	ASHA were not able to function properly because	The study was very narrow

		,Bir T ,Datta U,Raj S , Nandan D	an	performance based incentive system for ASHA Sahyogini in Udaipur, Rajasthan.	Data was collected through interview and Group Discussions.	of lack of training periodically, lack of motivation, unhealthy relations with ANM & AWW, lack of medical kit and transportation facility. The study concluded with recommending various suggestions to improve the performance of ASHA in the study. .	bottom other parameters could have been involved in assessing performance.
18	2009	Srivastava, D., Prakash, S., Adhish, V., Nair, K., Gupta, S., & Nandan, D.	Gorakhpur and Maharajganj district of Eastern UP	A study of interface of ASHA with the community and the service providers in Eastern Uttar Pradesh.	Study conducted was Descriptive (observational), cross-sectional in nature. Sampling Technique- A multi-stage sampling (mix of purposive and random approaches).	It was concluded that payment systems need to be rejuvenate, especially time period need to be paid more attention by the government. Communication skills and other skills need to be developed to bridge the gap between ASHA and community people. Effective training should be planned at regular intervals.	As the study was cross sectional it failed to depict the difference in the performance of ASHA of two districts and its impact on community.
19	2008	Jain, N., Srivastava, N., Khan,	Uttar Pradesh (Varanasi, Morada	Assessment of functioning of ASHAs	The study was cross sectional in nature with a mix of quantitative	It was concluded that payment systems need to be rejuvenate, especially time	In this study among the four areas which one

		A., Dhar, N., Adhish, V., Menon, S., & Nandan, D..	bad, Jalaun and Lakhimpur-Khiri)	under NRHM.	and qualitative data. Data was collected through in-depth interviews and focus group discussions (FGDs). Multi -stage random sampling was used.	period need to be paid more attention by the government. Communication skills and other skills need to be developed to bridge the gap between ASHA and community people. Effective training should be planned at regular intervals	was the most effective ASHA could have been concluded.
20	2008	Haider, S., Adhish, S., Gupta, S., Dhar, N., Datta, U., Menon, S., & Nandan, D.	10 blocks of Jharkhand located in six districts such as Ranchi, Hazaribagh, Jamtara, East Singhbhum, Gumla and Saraikela Kharswan.	A Rapid Appraisal of Sahiya (ASHA) in Jharkhand	Sampling Technique – Multi-staged stratified random sampling. Data collection – structured questionnaires, checklist for in-depth interviews and focus group discussions.	The study concluded with recommendations such as to develop proper incentive schemes and to link the Sahiya with other health schemes.	Sample size should be more. To evaluate performance more parameters could have been involved

Research Gap

The research papers reviewed show justified efforts made by various authors in evaluating the performance of ASHA. But some gaps were found in these studies which laid the foundation of this research work. It was found that although some studies have been done on ASHAs covering various parts of our country and also few studies on ASHA Sahyoginis in Rajasthan but Barmer region has not been covered so far. Various aspects of working and assessment of ASHA Sahyoginis such as evaluation of their performance, impact of technology on their confidence level, their quality of work life, impact on health conditions of beneficiaries, etc. have been either left out by previous researchers or not dealt with in detail . It was also identified that there have been no studies on analysing the satisfaction level and motivation level of ASHA Sahyoginis that have been done so far.

Significance of the Study

The success of the National Rural Health Mission (NRHM) lies in the performance of ASHAs. Therefore, it is necessary to evaluate and compare the performance of ASHAs. This study will be a significant contribution for development of future policies and guidelines of NRHM for ASHA Sahyoginis in Rajasthan. It will be a valuable aid in identifying problems and weakness of ASHAs in Rajasthan, providing evidence of the benefits and impacts of technology on working of ASHAs, identifying their training and development needs etc. It will help in providing a valuable feedback on ASHA Sahyoginis to NRHM, programme managers and other stakeholders. It will thus, help them to strengthen the ASHA programme and also define her role in the future.

To the best of knowledge and conviction, no research work from this angle has been attempted by anyone till now. This motivated the researcher to select this as a topic of her research.

Objectives of the Study

- To identify socio-demographic and working profile of ASHA Sahyoginis.
- To evaluate and compare the performance of ASHA Sahyoginis using technology and those not using technology in Balotra Block of Barmer District.
- To analyse the impact of ASHA Sahyoginis on the condition of beneficiaries in Barmer.
- To find out the level of job satisfaction of ASHA Sahyoginis.
- To identify the challenges faced and support needed by ASHA Sahyogini.

Hypotheses

- **Hypothesis I**

Ho: There is no significant difference in the performance of ASHA Sahyoginis using technology and those not using technology in Balotra Block of Barmer District (Rajasthan).

- **Hypothesis II**

Ho: There is no significant impact of ASHA Sahyoginis on the condition of beneficiaries in Barmer.

- **Hypothesis III**

Ho: There is no significant difference in the level of job satisfaction of ASHA Sahyoginis on the basis of their educational background.

Variables

Socio-Demographic Profile

1. Age
2. Caste
3. Education
4. Religion
5. Marital status
6. Type of family
7. Household income
8. Husband occupation

Working Profile

1. Time spent per day
2. Area covered
3. Selection Mechanism
4. Work Experience in years
5. Major activities undertaken.

Performance Evaluation

1. Number of Beneficiaries
2. Number of early registrations done
3. Institutional delivery escorted
4. Number of trainings attended
5. Number of times counselling done
6. Refresher training done or not
7. Number of monthly meeting attended
8. Relations with Auxiliary Nurse Midwives (ANM's), Aganwadi workers (AWW's), Primary Health centres (PHC's).
9. Performance based incentives received.

Technology and Non - technology Impact

1. Burden level
2. Interaction with community
3. Confidence level

Training Evaluation

1. Knowledge level

2. Roles and Responsibilities

Satisfaction level

1. Training
2. Performance based Incentives (ASHA Soft)
3. Infrastructural facilities
4. Monthly meetings
5. Behaviour of health staffs
6. Conveyance facilities

Impact on Beneficiaries

1. Satisfaction level of Beneficiaries
2. Effect on Infant mortality rate
3. Effect on maternal mortality rate

Methodology

Research Design:

The study will be related to field work and it will be multidisciplinary and empirical in nature in nature.

Universe:

The universe for the study consists of ASHAs in Rajasthan. Their beneficiaries which include mothers of new born, mother of one year old and pregnant women, form Universe for the study to find out the impact on beneficiaries.

Scope :

The present study will be conducted in the Jasol and Pachpadra village of Balotra Block, Barmer District (Rajasthan). (See Figure 1)

Sampling method:

In this study Random Sampling will be used for selecting the sample of ASHA Sahyogini of Jasol viilage and Pachpadra village . Jasol is the only village in Rajasthan where ASHA Sahyogini are working using Technology where as in Pachpadra technology is not used. Apart from this Random Sampling will be used to conduct the research on beneficiaries of both the villages.

Sample size:

The information for the empirical evaluation of ASHA Sahyoginis would be collected from 46 ASHA Sahyoginis and 352 beneficiaries in Barmer district.

ASHA Sahyogini of Jasol village – 26 ASHA Sahyoginis are working using technology (Tabs). Therefore, all 26 ASHA workers are selected in the sample.

ASHA Sahyogini of Pachpadra village – 50 ASHA Sahyogini are working out which 20 are selected randomly.

Calculation of sample size of ASHA Sahyogini in Pachpadra village –

Total Population – 50 ASHA workers

Confidence level - 95%

Margin of error – 17.15%

Formula of calculating Sample size:

$$ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .04 = ±4)

Finite Population

$$\text{New ss} = \frac{ss}{1 + \frac{ss-1}{pop}}$$

Where: pop = population

Therefore, by applying this formula , we got the 20 as a sample size of Pachpadra village, Balotra Block, Barmer.

Calculation of sample size of Beneficiaries

Level	No. of ASHA Sahyogini	Population Covered (Per ASHA 1000 population)	Number of Beneficiaries(mothers of new born, mother of one year old or pregnant women) Per ASHA	Total Beneficiaries (No.of ASHA Sahyogini *No.of Beneficiaries)
Rajasthan	44000	4,40,00,000 (44000*1000)	90 (expected in an year)	39,60,000 (44000*90)
Barmer	2001	20,01,000	90 (expected in an year)	1,80,090
Balotra Block	265	2,65,000	90 (expected in an year)	23850
Jasol and Panchpadra (selected Sample)	46	46,000	90 (expected in an year)	4140

Total Population – 4140 Beneficiaries

Confidence level - 95%

Margin of error –5%

Formula of calculating Sample size:

$$ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .04 = ±4)

Finite Population

$$\text{New ss} = \frac{ss}{1 + \frac{ss-1}{pop}}$$

Where: pop = population

Therefore, by applying this formula, we got the 352 as a sample size of Beneficiaries of both the villages.

Data Collection:

Both the primary and secondary sources of the data collection will be used for the study.

- **Primary Data:** The primary data will be collected from selected samples through In-depth interview and Schedules which will help in obtaining the information about the performance of ASHA Sahyoginis.
- **Secondary Data:** The secondary data will be collected from different websites, newsletters and reports of the government organisation such as NHM, NRHM, NIHFW, SIHFW, etc., in addition to information from - research journals, newspapers, books etc.

Analysis of Data:

- Data so collected will be tabulated suitably for the purpose of the analysis.
- Appropriate descriptive statistical tools and diagrammatic presentation will be used for interpretation of data.
- Appropriate inferential statistical tools like ANOVA, Mann Whitney u-test, t-test etc. will be used to analyze data. SPSS tool will be applied for hypothesis testing.
- For validation of result reliability and normality test will be applied.

Limitations:

The study may have some limitations.

Chapterization

Chapter 1 : ASHA- An overview

1.1 Introduction
1.1.1National Rural Health Mission
1.1.2 ASHA at National Level
1.1.3 ASHA in Rajasthan

Chapter 2 : Evaluation - A Conceptual Framework

2.1 Meaning
2.2 Importance
2.3 Parameters

Chapter 3 : Research Methodology

3.1 Introduction to Research Methodology and Research Design
3.2 Review of Literature
3.3 Significance of the Study
3.4 Objectives of the Study
3.5 Hypothesis
3.6 Plan work & Methodology
3.7 Statistical Tools for Hypothesis Testing
3.8 Limitations of the Study

Chapter 4 : Data Analysis and Interpretation

4.1 Data Collection
4.2 Data Analysis
4.3 Data Interpretation

Chapter 5 : Conclusion

5.1 Findings
5.2 Suggestions
5.3 Scope for further study

Bibliography and Webliography

Appendix Schedules

Bibliography

References

Research papers and Articles

1. Bhatt, H. Management of development of projects, EPFL, (2012). *A rapid appraisal of functioning of ASHA under NRHM in Uttarakhand, India*. Retrieved October 19, 2014, from http://cooperation.epfl.ch/files/content/sites/cooperation/files/MaDePro%202013/MaDePro%202011-2012_Individual%20Project_Bhatt,%20Hema.pdf
2. Bhatnagar, R., Singh, K., Bir, T., Datta, U., Raj, S., & Nandan, D. (2009). An assessment of performance based incentive system for ASHA Sahyogini in Udaipur, Rajasthan. *Indian Journal of Public Health, 53*(3), 166-170. Retrieved October 19, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/20108882
3. Bajpai, N., & Dholakia H.,R., (2011, May). Improving performance of Accredited Social Health Activist in India. *Working Paper 1, Working Paper Series, Columbia Global centres/South Asia, Columbia University.* Retrieved October 19, 2014, from http://globalcenters.columbia.edu/files/cgc/pictures/Improving_the_Performance_of_ASHAs_in_India_CGCSA_Working_Paper_1.pdf
4. Garg, P., Bhardwaj, A., Singh, A., & Ahluwalia, S. (2013). An evaluation of ASHA workers awareness and practices of their responsibilities in rural Haryana. *National Journal of Community Medicine, 4*(1), 76-80. Retrieved October 29, 2014, from http://njcmindia.org/uploads/4-1_76-80.pdf
5. Gopalan, S., Mohanty, S., & Das, A. (2012). Assessing community health workers' performance motivation: A mixed-methods approach on India's Accredited Social Health Activists (ASHA) programme. *BMJ Open, 2*(5). Retrieved November 16, 2014, from http://bmjopen.bmj.com/content/2/5/e001557.full
6. Guleri, S., Dixit, S., Sakalle, S., Bhagwat, A., Yesikar, V., & Pandey, D. (2014). A Rapid Appraisal of training issues of ASHAs (Accredited Social Health Activist) in Madhya Pradesh. *Public Health Review: International Journal of Public Health Research, 1*(1), 3-8. Retrieved November 16, 2014, from http://www.publichealthreview.in/~AuthorUpload/3PA.pdf
7. Haider, S., Adhish, S., Gupta, S., Dhar, N., Datta, U., Menon, S., & Nandan, D. (2008). A Rapid Appraisal of Sahiya (ASHA) in Jharkhand. *Health and Population: Perspectives and Issues, 31*(2), 80-84. Retrieved November 16, 2014, from http://medind.nic.in/hab/t08/i2/habt08i2p80.pdf
8. Jain, N., Srivastva, N., Khan, A., Dhar, N., Adhish, V., Menon, S., & Nandan, D. (2008). Assessment of functioning of ASHAs under NRHM in Uttar Pradesh. *Health and Population: Perspectives and Issues, 31*(2), 132-140. Retrieved November 15, 2014, from http://medind.nic.in/hab/t08/i2/habt08i2p132.pdf

9. Karol, G., & Pattanaik, B. (2014). Community Health Workers and Reproductive and Child Health Care: An Evaluative Study on Knowledge and Motivation of ASHA (Accredited Social Health Activist) Workers in Rajasthan, India. *International Journal of Humanities and Social Science, 4*(9), 137-150. Retrieved November 16, 2014, from http://www.ijhssnet.com/journals/Vol_4_No_9_July_2014/15.pdf
10. K. J., Kumar, S., Kaushik, A., & Kansal, S. (2013). Factors influencing the work performance of ASHA under NRHM - A cross sectional study from eastern uttar pradesh. *Indian Journal of Community Health, 24*(4), 325-331. Retrieved October 19, 2014, from http://www.iapsmupuk.org/journal/index.php/IJCH/article/view/373
11. K. J., S., Angadi, M., Masali, K., Wajantri, P., Bhat, S., & Jose, A. (2013). A study to evaluate working profile of Accredited Social Health Activist (ASHA) and to assess their knowledge about infant health care. *International Journal of Current Research and Review, 5*(12), 97-103. Retrieved November 16, 2014, from http://www.scopemed.org/fulltextpdf.php?mno=40810
12. Mohapatra, A., & Mohapatra, S. (2013). Intraorganizational human resource auditing of Ashas in Harahua block of Varanasi. *Journal of Public Health and Epidemiology, 5*(5), 237-242. doi: 10.5897/JPHE2013.0507 Retrieved November 15, 2014, from http://www.academicjournals.org/article/article1379688779_Mohapatra and Mohapatra.pdf
13. Obisi, C. (2011). Employee performance appraisal and its implication for Individual and organisation growth. *Australian Journal of Business and Management Research, 1*(9), 92-97. Retrieved November 15, 2014, from http://www.ajbmr.com/articlepdf/AJBMR_16_10i1n9a10.pdf
14. Prasot, R., Singh, J., Srivastava, A., & Agarwal, M. (2013). T0 study the performance of ASHAs in MCH Care under NRHM in Rural Lucknow. *Journal Of Advance Researches In Biological Sciences(A Peer Reviewed Indexed Medical Journal), 6*(1), 34-38. Retrieved October 29, 2014, fromhttp://www.scopemed.org/?mno=160266
15. Shrivastava, S., & Shrivastava, P. (2012). Evaluation of trained Accredited Social Health Activist (ASHA) workers regarding their knowledge, attitude and practices about child health. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*. Retrieved November 15, 2014, from http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=2099
16. Srivastava, D., Prakash, S., Adhish, V., Nair, K., Gupta, S., & Nandan, D. (2009). A study of interface of ASHA with the community and the service providers in Eastern Uttar Pradesh. *Indian Journal of Public Health, 53*(3), 133-6. Retrieved October 19, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/20108875
17. Thakre, S., Thakre, S., Thakre, A., Golawar, S., More, S., & Humne, A. (2012). Effectiveness of the Training Course of ASHA on Infant Feeding Practices at a Rural Teaching Hospital: A Cross Sectional Study. *Journal of Clinical and Diagnostic Research, 6*(6), 1038-1040. Retrieved November 16, 2014, from http://www.jcdr.in/articles/PDF/2284/29%20%204436_E(C)_F(T)_PF1(V)_PF(A)_PF(R)_OLF(P)_U(p).pdf
18. Waskel, B., Dixit, S., Singodia, R., Pal, D., Toppo, M., Tiwari, S., & Saroshe, S. (2014). Evaluation of ASHA programme in selected block of Raisen district of Madhya Pradesh

under the National Rural Health Mission. *Journal of Evolution of Medical and Dental Sciences, 3*(3), 689-694. Retrieved November 15, 2014, from http://www.jemds.com/latest-articles.php?at_id=3005

19. Wang, Hong, Juyal, Rajni K., Miner, Sara A., and Fischer, Elizabeth (2012). *Performance-Based Payment System for ASHAs in India: What Does International Experience Tell Us?* Bethesda, MD: The Vistaar Project, IntraHealth International Inc., Abt Associates Inc. Retrieved October19,2014,from http://www.intrahealth.org/files/media/performance-based-payment-system-for-ashas-in-india-what-does-international-experience-tell-us-technical-report/PerformanceBasedPaymentSystemASHAsIndiaReport.pdf

Others

20. National Health Systems Resource Centre (NHSRC), National Rural Health Mission (NRHM). (2011). *Asha which way forward - Evaluation of ASHA Programme*. Retrieved May 5, 2015, from website: http://nrhm.gov.in/images/pdf/communitisation/asha/Studies/Evaluation_of_ASHA_Program_2010-11_Report.pdf

Newspapers

1. Sharma, A. (2013, June 19). ASHA workers in Rajasthan go hi-tech. *THE HINDU*. Retrieved October 27, 2014, from http://www.thehindu.com/news/natinal/other-states/asha-workers-in-rajasthan-go-hitech/article4827252.ece

Books

1. Aswathappa k, Fifth Edition," Human Resource Management", Text and Cases, Published By – Tata McGraw- Hill Publishing Company limited.
2. Dessler, G. (2008). *Human Resource Management* (Eleventh ed.).New Delhi: Prentice Hall of India Private Limited.
3. Gupta C.B., (2008), Ninth Thoroughly Revised Edition, "Human Resou.rce Management", Published by Sultan Chand &Sons, Educational Publishers, New Delhi.
4. Prasad L.M., "Organisational Behaviour", Published by Sultan Chand &Sons, Educational Publishers, New Delhi.

Webliography

1. http://cooperation.epfl.ch/files/content/sites/cooperation/files/MaDePro%202013/MaDePro%202011-2012_Individual%20Project_Bhatt,%20Hema.pdf
2. http://www.ncbi.nlm.nih.gov/pubmed/20108882
3. http://globalcenters.columbia.edu/files/cgc/pictures/Improving_the_Performance_of_ASHAs_in_India_CGCSA_Working_Paper_1.pdf
4. http://njcmindia.org/uploads/4-1_76-80.pdf
5. http://bmjopen.bmj.com/content/2/5/e001557.full
6. http://www.publichealthreview.in/~AuthorUpload/3PA.pdf
7. http://medind.nic.in/hab/t08/i2/habt08i2p80.pdf
8. http://medind.nic.in/hab/t08/i2/habt08i2p132.pdf
9. http://www.ijhssnet.com/journals/Vol_4_No_9_July_2014/15.pdf
10. http://www.iapsmupuk.org/journal/index.php/IJCH/article/view/373
11. http://www.scopemed.org/fulltextpdf.php?mno=40810
12. http://www.academicjournals.org/article/article1379688779_Mohapatra and Mohapatra.pdf
13. http://www.ajbmr.com/articlepdf/AJBMR_16_10i1n9a10.pdf
14. http://www.scopemed.org/?mno=160266
15. http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=2099
16. http://www.ncbi.nlm.nih.gov/pubmed/20108875
17. http://www.jcdr.in/articles/PDF/2284/29%20%204436_E(C)_F(T)_PF1(V)_PF(A)_PF(R)_OLF(P)_U(p).pdf
18. http://www.jemds.com/latest-articles.php?at_id=3005
19. http://www.intrahealth.org/files/media/performance-based-payment-system-for-ashas-in-india-what-does-international-experience-tell-us-technical-report/PerformanceBasedPaymentSystemASHAsIndiaReport.pdf
20. http://www.thehindu.com/news/natinal/other-states/asha-workers-in-rajasthan-go-hitech/article4827252.ece
21. http://nrhmrajasthan.nic.in/Programmes.htm#ai
22. https://www.guidestar.org/rxa/news/articles/2005/importance-of-evaluation.aspx
23. http://shodhganga.inflibnet.ac.in/bitstream/10603/3731/12/12_chapter%203.pdf
24. http://shodhganga.inflibnet.ac.in/bitstream/10603/4405/11/11_chapter%204.pdf
25. http://www.evalued.bcu.ac.uk/tutorial/importance.htm
26. http://nrhm.gov.in/communitisation/asha/asha-data.html
27. http://nrhm.gov.in/images/pdf/communitisation/asha/Studies/Evaluation_of_ASHA_Program_2010-11_Report.pdf

Appendix

Earlier focused 18 states for improving health conditions.

Figure1

Number of ASHA's at National Level

Year	No. of ASHAs / Link workers
2005-06	143167
2006-07	289287
2007-08	156440
2008-09	118145
2009-10	95617
2010-11	47517
2011-12	16971
2012-13	23916
2013-14	8625
2014-15	32534
Total	**904195**

Figure 2

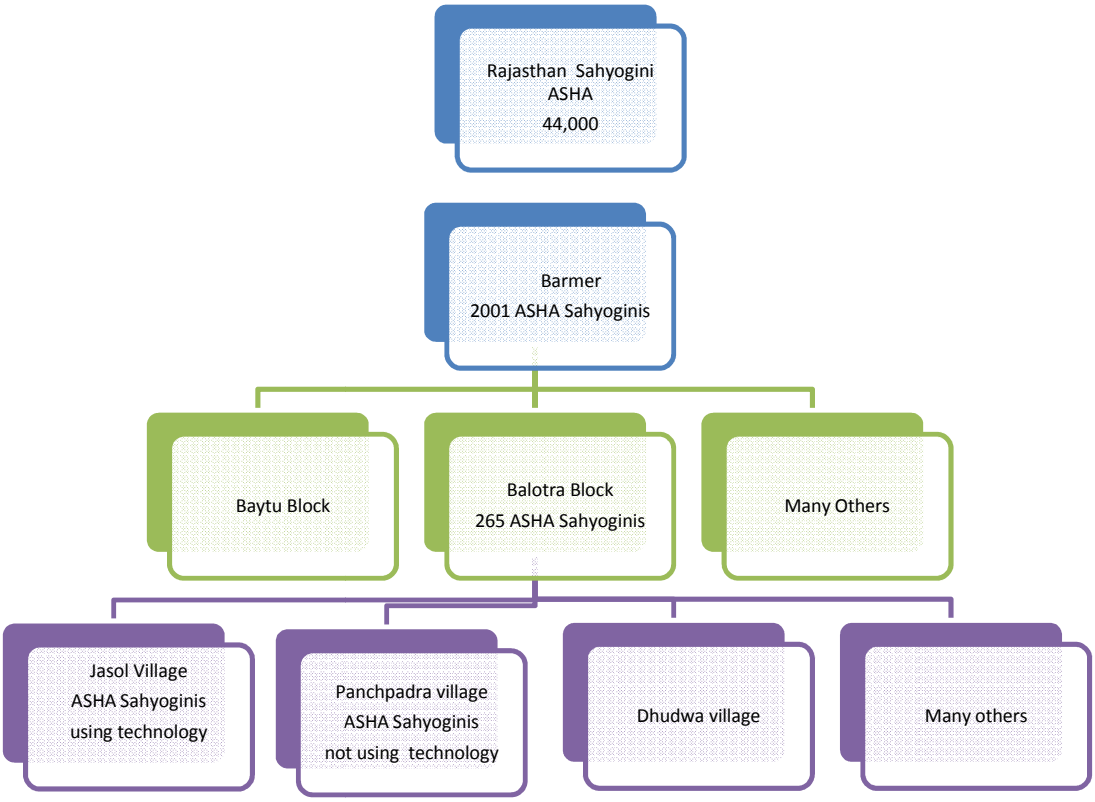
Rajasthan Sahyogini ASHA
44,000
Barmer
2001 ASHA Sahyoginis
Baytu Block
Balotra Block
265 ASHA Sahyoginis
Many Others
Jasol Village
ASHA Sahyoginis
using technology
Panchpadra village
ASHA Sahyoginis
not using technology
Dhudwa village
Many others

Figure3